



*State of Arizona*  
*Naturopathic Physicians Medical Board*

1400 W. Washington St ♦ Suite 300 ♦ Phoenix, AZ 85007

(602) 542-8242 ♦ FAX 602-542-8804

Governor: Janice K. Brewer

Executive Director: Craig Runbeck, NMD

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### **Complaints**

The Arizona Naturopathic Physicians Medical Board (Board) is offering this information as a way to assist the public and persons licensed or certified by this Board, in understanding their options when confronted with a quality of care issue or possible violation of law.

Anyone may file a complaint against any person licensed or certified by this Board. The Board may also initiate a complaint.

A complaint form may be found on our website [www.aznd.gov](http://www.aznd.gov) (under forms). You may also obtain a complaint form by contacting the Board office. You must include your name, address and daytime telephone number on the form. When writing your complaint, please include dates of treatment and an explanation of what you feel the licensee or certificate holder did wrong. The information requested is essential in providing a thorough investigation into your allegations. Failure to provide needed information may result in the return of your complaint form or dismissal of an opened complaint. Please include as many pages of pertinent information and supporting documents as you feel are necessary.

- Once a complaint is received it will be reviewed, a case no. will be assigned and a file opened. This process may take a few weeks from the date the complaint is initially received. The investigation process begins once a case is opened.
- Once the case file has been opened, the complainant will be notified in writing their complaint has been received.
- Shortly after the complainant is notified the case has been opened, a copy of the complaint will be sent to the licensee or certificate holder [Respondent], against whom the complaint has been filed. The Respondent will be requested to respond to the complaint within 15 days of the date of the notice. The notice of complaint may include a request for patient records, or specific information to be provided to the Board Investigator. The Respondent may request an extension, in order to supply the Board Investigator with all requested information. Given the circumstances, the Board may grant that extension to the Respondent.  
The Board has subpoena power, and may also issue subpoena's to the Respondent or other entities for information necessary to fully investigate the complaint.
- Once the Board Investigator has received the response, a copy will be forwarded to the complainant. The complainant will then have an opportunity to review the response, and make written comments regarding the response. These comments will be taken into consideration when investigating the case.
- When the investigation is ready for Board review, it will be placed on the Board meeting agenda. The Board Investigator will contact the complainant and Respondent to inform them of the date and time the Board will review the case for the first time. The complainant and Respondent are encouraged to attend this meeting and will have an opportunity to address the Board. This is not a hearing, the Board is merely reviewing the facts of the case as presented. A decision may be made at this meeting to dismiss the case, if the Board feels there is not enough evidence to base the complaint on, or move the case into the hearing process, if the Board feels there is enough evidence to substantiate a law may have been violated. The Complainant will be notified of the outcome of the Board review of the case. If the case is voted to hearing, the complainant be notified of the date and time.

Specific information regarding the investigative process may be found on our website [www.aznd.gov](http://www.aznd.gov)

under laws: [32-1551](#). [Disciplinary action; duty to report; investigatory powers; immunity; hearing; appeal; notice](#)

Remember, the investigative process may be lengthy. You may be contacted by the Board Investigator throughout the investigative process in order to obtain additional information.

Gail Anthony  
Investigator



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## COMPLAINT FORM

(PLEASE PRINT OR TYPE INFORMATION)

Today's Date: \_\_\_\_\_

Your Contact Information: \_\_\_\_\_  
Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

### Complaint Information

Name of Regulated Person: \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Patient: \_\_\_\_\_

Your Relationship to Patient: \_\_\_\_\_

If this matter involves the care and treatment of a patient, the patient's medical records may be subpoenaed.

**PLEASE COMPLETE THE FOLLOWING PAGE BEFORE SUBMITTING**  
**COMPLAINT TO:**

**Naturopathic Physicians Medical Board**  
**Attention: Gail Anthony, Investigator**  
**1400 W. Washington, Ste. 300**  
**Phoenix AZ 85007**

***Naturopathic Physicians Medical Board***

**What is the Nature of Your Complaint:**

*You may attach additional pages to this form in order to fully explain.*

I hereby attest (verify) that the information contained in this complaint and any information and documents attached to this complaint are filed in good faith with the State of Arizona Naturopathic Physicians Board of Medical Examiners. I understand that the Board may and has my permission to obtain medical records.

Print Your Name: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature